

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 719753

1. Entity Name

CASTLEWOOD TOWN VILLAS CONDOMINIUM ASSOCIATION,

Principal Place of Business

118 CASTLEWOOD DR. VILLA 127
P O BOX 13125
NORTH PALM BEACH FL 33408-2687

Mailing Address

118 CASTLEWOOD DR. VILLA 127
P O BOX 13125
NORTH PALM BEACH FL 33408-7125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2068007

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARRISH, BRUCE W JR
105 SO. NARCISSUS AVENUE, STE. 701
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KILEY, MARY BETH
STREET ADDRESS 118 CASTLEWOOD DR., #125
CITY-ST-ZIP NO. PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LEONARD, JAMES
STREET ADDRESS 129 LEHANE TERRACE #130
CITY-ST-ZIP N PALM BEACH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME PARKER, SUE
STREET ADDRESS 118 CASTLEWOOD DR., #124
CITY-ST-ZIP N. PALM BCH FL 33408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME GESTWA, ALEX
STREET ADDRESS 132 WETTAU LN #118
CITY-ST-ZIP NO. PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALEX P. GESTWA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-848-8781

TREAS. 3/2/00 Date Daytime Phone #

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90032 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)